



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3419

| | | | | |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER 09/918,224 | FILING DATE 07/30/2001 RULE | CLASS 607 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. P-9891.00 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

APPLICANTS

Paul J. DeGroot, Brooklyn Park, MN;
 Kevin T. Ousdigian, St. Paul, MN;
 Vasant Padmanabhan, Maple Grove, MN; Paul Krause, St. Louis Park, MN;
 Vinod Sharma, Roseville, MN;

** CONTINUING DATA *****
 No CPG

** FOREIGN APPLICATIONS *****
 No CPG

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 09/07/2001

| | | | | |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>C. Krause</i> Initials: <i>CPG</i> | STATE OR COUNTRY MN | SHEETS DRAWING 9 | TOTAL CLAIMS 30 | INDEPENDENT CLAIMS 2 |
|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS
 27581
 MEDTRONIC, INC.
 710 MEDTRONIC PARKWAY NE
 MS-LC340
 MINNEAPOLIS, MN
 55432-5604

TITLE
 METHOD AND APPARATUS TO CONTROL DELIVERY OF HIGH-VOLTAGE AND ANTI-TACHY PACING THERAPY IN AN IMPLANTABLE MEDICAL DEVICE

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED 1320 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|